

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled FORMIJI ATION OR ORAL COMPOSITIONS COMPRISING ARSENIC TRIOXIDE AND METHODS OF USE THEREOF

and for which a patent application:				
is attached hereto and includes ar				
was filed in the United States on with amendment(s) filed on (if app		tion not accompanying application)		
		amended under PCT Article 19 on (if ag	oplicable)	
I hereby state that I have reviewed and amendment referred to above				
acknowledge the duty to disclose info Regulations,§1.56.				
I hereby claim foreign priority benefits certificate listed below and have also it of the application on which priority is to	dentified below any foreign a	s Code, §119(a)-(d) of any foreign app application for patent or inventor's certi	lication(s) for pater ficate having a filin	nt or inventor's ng date before tha
EARLIEST FOREIGN AF	PPLICATION(S), IF ANY, F	ILED PRIOR TO THE FILING DATE	E OF THE APPLIC	CATION
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			YES □	NO □
			YES □	NO □
I hereby claim the benefit under Title 3	35, United States Code, §119	(e) of any United States provisional ap	plication(s) listed b	pelow.
I hereby claim the benefit under Title 3			plication(s) listed t	pelow.
I hereby claim the benefit under Title 3  PROVISIONAL APPLIC 60/417,200				pelow.

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information known to me which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS			
		PATENTED	PENDING	ABANDONED	

for use only when the application is assigned to a company, partnership or other organization.

I BINING & DUMONDS BE DOORED NO. 2001 0.2 22

Thereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

		LAST NAME	FIRST NAME	MIDDLE NAME	
		KUMANA	Cyrus	Rustam	
	OF INVENTOR	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSH	IP
	RESIDENCE &			United Kingdon	
)	CITIZENSHIP	Pokfulam	Hong Kong	STATE OR COUNTRY	ZIP CODE
		STREET	CITY	1 1	ZIF CODE
	POST OFFICE ADDRESS	5 C Tam Gardens 25 Sha Wan Drive	Pokfulam	Hong Kong	
		SIGNATURE OF INVENTOR 201	DATE	DATE	
		en/«	man	13-10-8	25
	PULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	>
	FULL NAME OF INVENTOR	KWONG	Yok-Lam		
	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSI	HP
<u>:</u> )	CITIZENSHIP	Pokfulam	Hong Kong	United Kingdor	n
2		STREET	СІТУ	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS	4A Skylight Tower 64 Bonham Road	Pokfulam	Hong Kong	
ADDICESS		SIGNATURE OF INVENTOR 202  VI WOV9		DATE 015,2003	
2 RESIDENCE & CITIZENSHIP  POST OFFICE	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	STREET	СІТУ	STATE OR COUNTRY	ZIP CODE
		SIGNATURE OF INVENTOR 203		DATE	
		LAST NAME	FIRST NAME	MIDDLE NAME	
	FULL NAME OF INVENTOR				
2	RESIDENCE & CITIZENSHIP	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
4	POST OFFICE ADDRESS	STREET	СПУ	STATE OR COUNTRY	ZIP CODE
	No and a second	SIGNATURE OF INVENTOR 204		DATE	
OF RE	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN	SHIP
0	CITIZENSHIP			1	1
	POST OFFICE ADDRESS	STREET	СІТУ	STATE OR COUNTRY	ZIP CODE